

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/01 8222

FILING DATE

18 DEC 2001

APPLICANT'S NAME

Kakuyama

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
8				/		
9				/		
10				/		
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49						
50						
TOTAL IND.			/			
TOTAL DEP.			/			
TOTAL CLAIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						